

PRINTED: 06/15/2007 FORM APPROVED OMB NO. 0938-0391

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	LTIPLE CONSTRUCTION	(X3) DA	(X3) DATE SURVEY	
		70744	09G149 8 WING		-		
VAME OF I	PROVIDER OR SUPPLIER					6/08/2007	
ST JOHI		_	}	TREET ADDRESS, CITY, STATE, ZIP (2715 13TH STREET, NE WASHINGTON, DC 20018	CODE		
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W 000	INITIAL COMMEN	TS	W 000				
W 120	7, 2007 thru June & initiated using the frandom sample of a resident population disabilities. The find based on observationstaff in the home areas a review of client including incident reseas. 453,410(d)(3) SERVOUTSIDE SOURCE	ICES PROVIDED WITH S ure that outside services	W 120	It is the Policy of St. Johns Conto assure that outside services neach resident. The Day Program provided a divided high-sided neach resided n	neet the needs.	of	
r r ti	sased on observation ecord review, the fa nonitor each client's	not met as evidenced by: ns, staff interview, and cility failed to effectively day program to assure that for one of two clients in the		2. In the future, the home will assu outside services meet the needs in a timely manner.	mo 41_4 - 11		
1	he finding includes:		į			 	
C Se pl ac pa m	out at approximatel lient #2 was served ectioned paper plate ateform. Interview of the control o	re lunch mealtime on June 7, 17, 12:30 PM revealed that her prescribed diet on a placed on an elevated with the day program staff ent #2 used a sectioned a divided plate during erview revealed that the day a current mealtime protocol w of the Individual Support		The Day Program has been provide	d s copy of	6/25/07	
20	an (ISM) dated Nove O7 at approximately	mber 23, 2006 on June 8, 12:30 PM revealed that it	; ; !	Mealtime Protocol for Sample # 2. recommended and the Day Program sided divided Plate for Sample # 2	The OT has	U(25/07	

deficiency statement ending with an esterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that it safeguards provide sufficient protection to the patients (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days stollowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

CENTE	RS FOR MEDICARE	I AND HUMAN SERVICES & MEDICAID SERVICES				FOF	ED: 06/15/2007 RM APPROVED IO: 0938-0391
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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W 120	was recommended plate during mealting that Client #2 usec a	ge 1 that Client #2 utilize a divided ie. The facility failed to ensure a divided plate during nended by the ISP at the day	W	20			
W 124	483,420(a)(2) PRCT RIGHTS The facility must ers Therefore the facility parent (if the client sof the client's medical and behavioral statu	ure the rights of all clients. must inform each client, a minor), or legal guardian, al condition, developmental s, attendant risks of right to refuse treatment.	W 1	24		,	
1 a 7 n 1 J th	Based on observation verification, the facility each client or their leg of the client's medical and behavioral status reatment, and the rigione of two clients in the findings include: Observation of the right of the findings include:	ht to refuse treatment for he sample, (Client #2)		Services to en: The family of both the Psych Support Plan. It is important acknowledge t need to be sub a legal limited raised by the F communicated	licy of St. Johns Commsure the rights of all inc Sample # 2 has signed notropic Meds and the long to note that the Court I hat all family members jected to the process of medical guardian. The lealth Department has to the Department of I se Management Service	dividuals consent for Behavior has do not becoming concern been Disability	6/25/07

PRINTED: 06/15/2007

CENTERS FOR MEDICAR	H AND HUMAN SERVICES E & MEDICAID SERVICES			FORM	0: 06/15/20 MAPPROV
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MŲLT A. BUILDIN	PLE CONSTRUCTION	(X3) DATE S	
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JAME OF PROVIDER OR SUPPLIER		STR	REET ADDRESS, CITY, STATE, ZIJ		8/2007
ST JOHN		2	715 13TH STREET, NE /ASHINGTON, DC 20018		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE
physical aggressic spitting. Interview Retardation Profes 2007 at approximation Client #2 did not have review of Client #2: dated November 10 approximately 2:401 not evidence the cardecisions on her be planning, placemen medical matters and consent. There was that the facility inform legally-authorized respections and consent with the unedications and consent Additionally, the facility that substituted consent a legally recognized in the substituted consent a legally recognized in the substituted consent and consent that substituted consent that substituted consent a legally recognized in the substituted consent that client #2 had a consent client #4 had a consent clien	ehaviors associated with a screaming, yelling and with the Qualified Mental sional (QMRP) on June 7, ely 10:00AM revealed that we a legal guardian. The sepsychological Assessment 2:2006 on June 8, 2007 at 2006 on June 8, 2007 at 2	tne	Sample # 2 Sister did signed Colonoscopy. Please find a ir review.	the consent for	

DEPARTMENT OF HEAL" H AND HUMAN SERVICES PRINTED: 06/15/2007 FORM APPROVED CENTERS FOR MEDICAFIE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: CÓMPLETED A BUILDING B WING 09G149 06/08/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE NHOL TZ WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 125 | Continued From page 3 W 125 Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a system had been developed to inform each client, parent or legal guardian of the client's behavioral status, risk of treatment, and the right to refuse treatment for one of the two clients in the sample. (Client #2) The finding includes Interview with the Qualified Mental Retardation Professional (QMRP) on June 7, 2007 at Sec 120 approximately 10:30AM revealed that Client #2's sister was active in her life. Review of a medical consult, dated September 25, 2006 on June 8, 2007 at approximately 2:50PM revealed that Client #2's sister signed the consent for a colonoscopy, however she was not the legal guardian. Review of the Psychological assessment, dated November 10, 2006 on June 8, 2007 at approxima ely 2:40PM indicated that she does not evidence the capacity to make independent decisions on her behalf regarding her habilitation planning, placement, treatment, financial and medical matters and can not give informed consent. There was no evidence the client had a legally-sanctioned guardian and/or a

approve the colonoscopy.

W 140 | 483,420(b)(1)(i) CLIENT FINANCES

surrogate health care decision-maker to review or

W 140;

FORM APPROVED

COMPLETED

06/08/2007

(X5) COMPLÉTION DATE

Interview with the Qualified Mental Reardation Professional on June 8, 2007 at approximately 1:50PM revealed that the facilty was unable to open a bank account for Client #2 because she does not have a birth certificate. Further interview revealed that the client's sister was in the process of obtaining a birth certificate for the client. Review of Client #1 social assessment dated October 28, 2006 on June 8, 2007 at approximately 2:00PM revealed that the client receives \$380 a month from her father's pension and that the facility manages her funds. There was no documented evidence presented or on file at the time of survey to account for the clients funds.

W 153 | 483.420(d)(2) STAFF TREATMENT OF CLIENTS

> The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other

It is the Policy of St John's Community Services 6/8/07 to maintain a system that's assures a full and complete accounting of its residents personal funds entrusted to the facility. A request has been made of the family of Sample # 2 birth Certificate for the purpose of opening a bank account.

It is important to note that the Department on Disability receives the \$380 from Sample # 2 father pension. The home has not received the pension and therefore could not account for it.

In the future, St. John's Community Services will establish a bank account for the individuals it serves in a timely manner.

W 153

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DEPARTMENT	OF HEALTH	AND HUMAN	SERVICES
CENTERS FOR	MEDICARE	& MEDICAID	SERVICES_

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILE	TIPLE CONSTRUCTION DING	COMPLETED	
	09G149	B. WING		06/08/2007	
NAME OF	PROVIDER OR SUPPLIER	5	TREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETI	ON
W 153	Continued From page 5 officials in accordance with State law through established procedures.	W 15	3		
	This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to consistently document the reporting of client injuries of unknown origin to the designated administrator, and to report incidents that pose a risk to client health or safety to governmental agencies, as required by DC regulation (22 DCMR Chapter 35 Section 3519.10).				
	The findings include: 1. Reveiw of an unusu al incident report dated March 15, 2007 on June 7, 2007 at approximately		I. All staffs at the facility have been incident reporting on 6/20/07. In the	n trained on 6/20/07	7
	8:45AM, revealed that Client #1 had to be taken to the emergency room for shortness of breath after eating dinner. The client was treated for a urinary tract infection/asthma and released on the same day. Review of the unusual incident report failed to evidence that this incident had been reported to governmental agencies as required.		Incidents will be reported in a timely	y manner	
	2. Reveiw of an unusual incident report dated August 28, 2006 on June 7, 2007 at approximately 9:00AM, revealed that Client #2 who is a diabetic was observed to have bleeding around the area of the great right toe. Review of the unusual incident report failed to evidence that this incident had been reported to governmental agencies as required		2. See W153		
W 159		W 159			ļ
*****	qualified mental retarration professional.		i	!	

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES				PRINTE FOR	D: 06/15/200 M APPROVEI	17 D
		& MEDICAID SERVICES				OMB N	O. 0938-039	1
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(XZ) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER		I	STREE	ET ADDRESS, CITY, STATE, ZIP CODE		08/2007	_
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W 159	Continued From page	ge 6	W 1	59				1
	Based on interview, Qualified Mental Ret (QMRP) failed to en	not met as evidenced by: and record review, the ardation Professional sure the coordination of vo clients in the sample.						
	The QMRP failed : Client #2's day progra adaptive equipment of evidenced by:	į		to u rec has	e Day Program was informed about the set a divided high-sided plate as commended in the ISP on 6/25/07. The address the issue. A copy of the program been attached for your review.	e OT	6/25/07	
th die m	2007 at approximately Client #2 was served sectioned paper plate program staff on June 12:40 PM, revealed the sectioned paper plate during mealtime. Intellume 7, 2007 at approximation mealtime. Residuport Plan (ISP) data une 8, 2007 at approximatit was recommendatit was recommendationed plate during members was recommendatived.	instead of a divided plate view with the QMRP on ximately 4:00 PM, revealed vas made aware that the led to use a divided plate						
1 01	The QMRP failed to lient #2's day program rent mealtime proto:	coordinate services with a to ensure that they had a col as evidenced by:		The Mea	Day Program has receive a copy of tiltime Protocol for Sample # 2 on 6/2	he 5/07	6/25/07	

STATEMENT OF DEFICIENCIES (X1) PROV		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	JLYIPLE CONSTRUCTION DING		É SURVEY PLETED
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	2007 at approximate Client #2 was served sectioned paper plat plateform. Interview on June 7, 2007 at a revealed that the day current mealtime profacility. In an intervie 2007 at approximate acknowledged that the acurrent mealtime profacility. 2. The QMRP failed the employee had initial are reporting alterations in Department of Health Licensing Administrate evidenced by: Reveiw of an unusual 15, 2007 on June 7, 28:45AM, revealed that the other emergency roots after eating dinner. The leased on the same unusual incident reportant incident incident reportant incident inciden	the lunch mealtime on June 7, ly 12:30 PM revealed that liber prescribed diet on a placed on an elevated with the day program staff oproximately 12:45 PM, program did not have a stocol for Client #2 from the live with the QMRP on June 7, y 4:10 PM it was e day program did not have notocol for Client #2 from the liber of Client #2 from the liber of Client #1's health to the liber Health Regulation on (DOH/HRLA) as incident report dated March 1007 at approximately at Client #1 had to be taken on for shortness of breath liber of client was treated and	W 15	2. All Staff at the Home have to Incident Reporting on 6/20/07.	seen trained on	6/20/07
l e	The QMRP failed to imployee had initial all ocumenting injuries of 2 to (DOH/HRLA) as	d continuing training in	;	3. All staffs at the Home have be incident Reporting and document 2/20/07.	een trained on ting injuries on	6/9/07
R A	eveiw of an unusual ugust 28, 2006 on Ju	ncident report dated ne 7, 2007 at	; : :			
V4 C21412 25 27		·!			1	

DEPAR CENTE	RTMENT OF HEALTHERS FOR MEDICARE	I AND HUMAN SERVICES & MEDICAID SERVICES				FORM	D: 06/15/2007 M APPROVED
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING			OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER		I <u>, </u>		REET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018	_]06/(08/2007
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	who is a diabetic wall around the area of the unusual incident the unusual incident this incident had been agencies as required 4. The QMRP failed the nutritionist to enstead the nutritionist to enstead assessment as evident assessment as evident assessment as evident approximately 7:40 A was eating soft scrar flakes cereal softene and water in the approximately 7:45A was on a mechanical Nutritional Assessme June 8, 2007 at approximately 7:45A was on a mechanical Nutritional Assessme June 8, 2007 at approximately 7:45A was on a mechanical soft dieto and the soft of the soft o	s observed to have bleeding he great right toe. Review of report failed to evidence that an reported to governmental it. to coordinate services with the tree that Client #2's diet in an updated nutritional enced by: n on June 7, 2007 at end with 1% milk, apple juice to with 1% milk, apple juice to priate amounts. Interview that of that the client soft diet. Review of the ent dated March 31, 2007 on eximately 12:00 PM ent with the dient soft diet. Review of the saluation dated April 14, at approximately 1:00 PM dation for Client #2 to have with thin liquids.	W		4. The QMRP contacted the Nutrition updated the nutritional assessment to right texture on 6/9/07.	include the	
tt	ne Occupational Ther	coordinate services with apist (OT) to ensure that adaptive feeding and by:			The QMRP contacted the OT who con update to reflect the appropriate adaquipment on 6/25/07.	completed 6 ptive	5/25/07
a w at	as using a teaspoon tached to the left han	on June 7, 2007 at 1 revealed that Client #2 requiped with a velco strap of to eat her mechanical plate. Thin liquids were				! 	

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		AND HUMAN SERVICES MEDICAID SERVICES		•	FORM): 06/15/2007 APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION	(X3) DATE 5	
		09 G 149	B, Wil	NG	netr	08/2007
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		16/2007
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	W 159 Continued From page 9 served from a standard type cup. Review of the OT assessment dated December 13, 2005 on June 8, 2007 at approximately 1:30 PM revealed a recommendation for Client #2 to utilize a adaptive plate, cup and utentils. Further review of the OT assessment dated November 11, 2006 on June 8, 2007 at approximately 1:40 PM revealed that there was no recommendations made regarding Client #2's adaptive feeding equipment. Review of the Individual Support Plan (ISP) dated November 23, 2006 on June 8, 2007 at approximately 12:30 PM revealed that it was recommended that Client #2 utilize a divided plate and teaspoon equiped with a velco strap during mealtime. 6. The QMRP failed to coordinate services with the Speech-Languags Pathologist to ensure that Client #1's consumption of foods and that		W 1	6. The QMRP contacted the S who addresses client #land # 2 food and the reduction of help	2 consumption of	6/25/07
	was given physical as spoon to eat a pureed muffins oat flakes censicoop plate that was suice and water was sullient #1 was attempt towever staff gave he pace and the client co Qualified Mental Retain June 8, 2007 at ap	a on June 7, 2007 at Mirevealed that Client #1 sistance to hold a built-up diet of scrambled eggs, eal with 1% milk from a on an elevated tray. Apple erved from a spout cup. ing to eat her food rapidly, or verbal cues to slow her implied. Interview with the ordtion Professional (QMRP)		monitored by staff by updating include progress notes for safe techniques and aspiration precablective to protect Airway.	her assessment to	

mealtime protocol, however the client was

		(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE S COMPLI	
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	assessed by the Sp April, 2007. The Sp for April 14, 2007 w June 8, 2007 at app of the Nutritional As 2007 on June 8, 200 revealed that Client high calorie snacks no evidence of a cui direct staff to follow for supervision and mealtime. 7. The QMRP failed the Speech-Languag Client #2's consumpreduction client behavior was eating soft scrar flakes cereal softene and water in the appireakfast observation that Client #2 was us a velco strap attache mechanical soft diet an elevated tray. The standard type cup. Client and was attemps taff gave her verbal the client complied. I Mental Retardtion Pros. 2007 at approxima Client #2 did not have protocol, however the protocol, however the standard type cup.	sech-Language Pathologist in beech-Language Evaluation as not available for review on proximately 3:00 PM. Review sessment dated March 31, 17 at approximately 12:00 PM #1 was on a pureed diet with between meals. There was trent mealtime protocol for the regarding the client's need safe strategies during to coordinate services with ge Pathologist to ensure that between that could be potentially said, monitored, and need by: In on June 7, 2007 at NV revealed that Client #2 monitored, and oat ski with 1% milk, apple juice repriate amounts. Further ns on June 7, 2007 revealed ing a teaspoon equiped with coordinate served from a divided plate was on a liquids were served from a client #2 has several missing bling to eat rapidly, however cues to slow her pace and reterview with the Qualified pressional (QMRP) on June tely 7:40 AM revealed that	W 159	7. The QMRP contacted the Spathologist who addresses client consumption of food and the red behavior to be monitored by staff her assessment to include progre swallow techniques and aspiration with objective to protect Airway.	#1 and #2 uction of If by updating ss notes for safe on precautions	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONS	STRUCTION	(X3) DATE SURVEY COMPLETED
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March 31, 200 12:00 PM reve calorie diabetic Speech-Langu 2007 on June 8 revealed a rece diet with thin lic rapid and she r eating". There mealtime proto regarding the c safe strategies 8. The QMRP 6	Nutricional Assessment dated 7 on June 8, 2007 at approximately called that Client #2 was on a 1500 c, low sodium diet. Review of the age Evaluation dated April 14, 8, 2007 at approximately 1:00 PM ommendation for a mechanical soft juids and the client's "intake is equires cues to slow down while was no evidence of a current col for the direct staff to follow lient's need for supervision and durir g mealtime.			
Interview with the approximately 3 would be trained Record review of 3:20 PM revealed not have current documented evice CPR training and	trained to implement emergency ur of four clients in the facility as e QMRP on June 7, 2007 at 15 FM revealed that all staff in CPR by June 26, 2007, In June 7, 2007 at approximately of that five out of thirteen staff did CPF: certification. There was no dence that all direct care staff had a current CPR certifications.	Training o	ff at the home completed (
I been effectively to four clients in the Interview with the approximately 2:10 received training year. Further interioripated in go	iled to ensure that all staff had rained on sexuality for four of facility as evidenced by: QMRP on June 8, 2007 at 5 PM revealed staff had not in sexuality for this certification erview revealed that all clients ng to a community night club music/dance with members of	9. All Staf	Fat the home were trained n 6/20/07,	1 on 6/20/07

DEPAR CENTE	RTMEN T OF HEALTH	HAND HUMAN SERVICES & MEDICAID SERVICES				PRINTI FOR	ED: 06/15/2007 RM APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			IO. 0938-0391 E SURVEY PLETED
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1 po R (la ton po so	the opposite sex. 483.430(e)(1) STA= The facility must pro- initial and continuing employee to perform efficiently, and como This STANDARD is: Based on observation record reviews, the seach employee had be training that enables if or her duties effective competently. The findings include: I. The facility failed to provided with adequate of program data for CI Review of Client #2's I BSP) dated November t approximately 7:00F of document on the data continuing include the provided with adequate the program data for CI Review of Client #2's I BSP) dated November t approximately 7:00F of document on the data continuing include the provided with a proximately and document "what was obtained aggression, a continuing include the data of document "what was obtained aggression and the document to the data of a proximately at a collection was continuing to the document on the data of a proximately at a collection was continuing the document on the data of a proximately at a collection was continuing the proximately at a collection was continuing th	resure that each staff is training in documentation ient #2 as evidenced by: Behavioral Support Plan er 9, 2006 on June 7, 2007 M revealed that staff was ta collection form to track targeted behaviors creaming, yelling and ew revealed that staff was a happening at the time, date/time," On June 8, 7:15PM the review of the impleted and refected that one data collected was	W	1. Bei	The Psychologist completed training havior Support Plan and Program cumentation on 6/20/07.	on	6/20/07

PRINTED: 06/15/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G149 06/08/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE ST JOHN WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X4) ID ıD (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 189 Continued From page 13 W 189 behaviors had occured however, staff documented "none" under "what was happening at the time?" b) May 14, 2007- Staff documented that behaviors had occurred however, staff documented "none" under "what was happening at the time?" c) May 1-8, 2007- Staff documented that behaviors had occured however, staff documented "none" under "solution/ response" d) May 14, 2007- Staff documented that behaviors had occured however, staff documented "none" under "solution/ response" f) May 1-8, 2007- Staff documented that behaviors had occured however, staff documented "none" under "date/time" g) May 14, 2007- Staff documented that behaviors had occured however, staff documented "none" under "date/time" In an interview with the Qualified Mental Retardation Professional (QMRP)on June 7, 2007, it was acknowledged that the staff were implementing the program as written but that there was a problem with the documentation. There was no evidence that the data had been collected in accordance with the BSP for Client #2, which was necessary for a functional assessment of the client's progress.

PRINTED: 06/15/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB_NO. 0938-0391 X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING A WING 09G149 06/08/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE ST JOHN WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID. (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 189, Continued From page 14 W 189 6/20/07 The facility failed to ensure staff received. 2. All staffs at the Home have been trained on effective training in Incident Management as Incident Reporting and documenting injuries on evidenced by: 6/20/07. a. Review of an unusual al incident report dated March 15, 2007 on June 7, 2007 at approximately a. All staffs at the Home have been trained on 8:45AM, revealed that Client #1 had to be taken Incident Reporting and documenting injuries on 6/20/07 to the emergency room for shortness of breath 2/20/07. after eating dinner. The client was treated and released on the same day. Review of the unusual incident report failed to evidence that this incident had been reported to governmental agencies as required. b. All staffs at the Home have been trained on b. Review of an unusual incident report dated Incident Reporting and documenting injuries on 6/20/06 August 28, 2006 on June 7, 2007 at approximately 9:00AM, revealed that Client #2 who is a diabetic was observed to have bleeding around the area of the great right toe. Review of the unusual incident report failed to evidence that this incident had been reported to governmental agencies as required. 6/20/07 3. All Staff at the home were trained on The facility failed to ensure that all staff had sexuality on 6/20/07. been effectively trained on sexuality for four of four clients in the facility as evidenced by: Interview with the QMRP on June 8, 2007 at approximately 2:15 PM revealed staff had not received training in sexuality for this certification. year. Further interview revealed that all clients participated in going to a community night club

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G149	B. WING		06/0	08/2007
HOLTE	PROVIDER OR SUPPLIER N		5	TREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018		
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W 189	Continued From pa weekly to listen to me the opposite sex.	ge 15 husic/dance with members of	W 18	9		
		to ensure that all staff had ned on Client #2's over head d by:		4. All Staffs at the Home were train of the overhead Trapeze on 6/20/07	on the use	6/20/07
W 192	2007 at approximate over head trapeze of Interview with the Cli approximately 10:15 received training or trapeze. Further interprete was placed and that All staff will on June 25, 2007. Reconsult dated Novem 2007at approximately recommendation for head trapeze over head trapeze ove	Client #2 to have an over er hospital bed. TRAINING PROGRAM work with clients, training and competencies directed needs.	W 192	All staff at the home completed CPF on 6/26/07.	t Training	
ļ	Based on observation review, the facility fail implement emergent	not met as evidenced by: n, staff interview and record ed to effectively train staff to y measures for four of four Clients #1, #2, #3 and #4)	;			
	The finding includes Interview with the Qua Professional (QMRP)	alified Mental Retardation on June 7, 2007 at				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG		SURVEY PLETED
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W 192	approximately 3:15 would be trained in Record review on J 3:20 PM revealed not have current Cf documented evider CPR training and cl 483.440(c)(3)(iii) IN	PM revealed that all staff CPR by June 26, 2007, une 7, 2007 at approximately that five out of thirteen staff did PR certification. There was no use that all direct care staff had urrent CPR certifications, DIVIDUAL PROGRAM PLAN functional assessment must specific developmental and	W 192	The Psychologist completed to Behavior Support Plan and Proposition on 6/20/07.	raining on rogram	6/26/07
	This STANDARD is Based on observation review, the facility far a comprehensive on that depicted their condomain, for one of the (Client #2). The finding includes. Breakfast observation approximately 7:40 Awas using a teaspoon attached to the left has oft diet from a divide served from a standard of the commendation for the commendation for the other was no recommend at there was no recomparding Client #2's	s not met as evidenced by: c.), interview and record if ed to ensure each client had be upational assessment on file if the rent functional status in that the two clients in the sample.	Į i	Sample # 2 has a comprehensive Assessment was included in the updated progress notes to included adaptive equipment for Sample # completed on 6/25/07	iSir and an	6/25/07

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W 214	Continued From pa	ge 17	W 2	214			
W 217	approximately 12:30 recommended that and teaspoon equipmealtime. There we had a comprehension file that depicted 483.440(c)(3)(v) IN	3, 2006 on June 8, 2007 at 0 PM revealed that it was Client #2 utilize a divided plate bed with a velco strap during as no evidence that the client veloccupational assessment I her current functional status. D VIDUAL PROGRAM PLAN e functional assessment must tatus.	W 2	՝ ն e 	The QMRP contacted the OT who coupdate to reflect the appropriate adapt equipment on 6/25/07.	mpleted aπ itive	
	Based on the direct Mental Retardation interviews, observa facility failed to ensi- place had been fully	s not met as evidenced by: care staff and the Qualified F ofessional (QMRP) ticn and record reviews, the une that interventions put in y evaluated to ensure the eeding protocol for two of two e.					
	Staff (Nutrition, Spe monitored, and add consumption of foo- behaviors that could There was no evide interventions had be	erisure that the Professional each) had assessed, reissed Client #2's ds and to reduce client d be potentially harmful, ence that the current mealtime ean evaluated and revisions ned warranted to ensure safe			1. The QMRP contacted the Speech	Pathologist	
:	Breakfast observ approximately 7:40 was eating soft scra flakes cereal soften	ation on June 7, 2007 at AM revealed that Client #2 ambled eggs, muffin and oat ed with 1% milk, apple juice		fi n it	who addresses client #land #2 consi- food and the reduction of behavior to nonitored by staff by updating her as nelude progress notes for safe swalk echniques and aspiration precautions objective to protect Airway	umption of be seessment to	

PRINTED: 06/15/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER AND PLAN OF CORRECTION A BUILDING B WING 09G149 06/08/2007 STREET ADDRESS CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2715 13TH STREET, NE ST JOHN WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 217 W 217 Continued From page 18 6/25/07 1. The QMRP contacted the Speech Pathologist breakfast observations on June 7, 2007 revealed who addresses client #1 and #2 consumption of that Client #2 was using a teaspoon equiped with food and the reduction of behavior to be a velco strap attached to the left hand to eat her monitored by staff by updating her assessment to mechanical soft diet from a divided plate was on include progress notes for safe swallow an elevated tray. The liquids were served from a techniques and aspiration precautions with standard type cup. Cilient #2 has several missing teeth and was attempting to eat rapidly, however objective to protect Airway. staff gave her verbal cues to slow her pace and the client complied. Interview with the Qualified Mental Retardtion Professional (QMRP) on June 8, 2007 at approximately 7:40 AM revealed that Client #2 did not have a current mealtime protocol, however the client was assessed by the Speech-Language Pathologist in April, 2007. Review of the Nutritional Assessment dated March 31, 2007 on June 8, 2007 at approximately 12:00 PM revealed that Client #2 was on a 1500 calorie diabetic, low sodium diet. Review of the Speech-Language Evaluation dated April 14, 2007 on June 8, 2007 at approximately 1:00 PM revealed a recommer dation for a mechanical soft diet with thin liquids and the client's "intake is rapid and she requires cues to slow down while

2. Breakfast observation on June 7, 2007 at approximately 7:05 AM revealed that Client #1 was given physical assistance to hold a built-up spoon to eat a pureed diet of scrambled eggs. muffins oat flakes cereal with 1% milk from a scoop plate that was on an elevated tray. Apple juice and water was served from a spout cup. Client #1 was attempting to eat her food rapidly. however staff gave her verbal dues to slow her pace and the client complied. Interview with the Qualified Mental Retardtion Professional (QMRP) on June 8, 2007 at approximately 7:40 AM

eating". There was no evidence of a current mealtime protocol regarding the client's need for supervision and safe strategies during mealtime.

> 2. The QMRP contacted the Speech Pathologist who addresses client #1 and # 2 consumption of food and the reduction of behavior to be monitored by staff by updating her assessment to include progress notes for safe swallow techniques and aspiration precautions with objective to protect Airway,

PRINTED: 06/15/2007 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-039<u>1</u> CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MIJLTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER AND PLAN OF CORRECTION A BUILDING B. WING ... 06/08/2007 09G149 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2715 13TH STREET, NE WASHINGTON, DC 20018 ST JOHN PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES 1D (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LIGO IDENTIFYING INFORMATION) TAĞ TAG DEFICIENCY) W 217 W 217 Continued From page 19 revealed that Client #1 did not have a current mealtime protocol, however the client was assessed by the Speech-Language Pathologist in April, 2007. The Sceech-Language Evaluation for April 14, 2007 was not available for review on June 8, 2007 at approximately 3:00 PM. Review of the Nutritional Assessment dated March 31, 2007 on June 8, 2007 at approximately 12;00 PM revealed that Client #1 was on a pureed diet with high calorie snacks between meals. There was no evidence of a current mealtime protocol regarding the client's need for supervision and safe strategies during mealtime. W 252 483.440(e)(1) PROGRAM DOCUMENTATION W 252 Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that each client's Individual Program Plan (IPP) objectives are documented consistently and accurately for one of the two clients included in the sample. (Client #2) The finding includes Review of Client #2's Behavioral Support Plan 6/20/07 1. The Psychologist completed training on (BSP) dated November 9, 2006 on June 7, 2007 Behavior Support Plan and Program at approximately 7:00PM revealed that staff was Documentation on 6/20/07. to document on the data collection form to track incidents of Client ##'s targeted behaviors

(physical aggression, screaming, yelling and spitting). Further review revealed that staff was to document "what was happening at the time,

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		I AND HUMAN SERVICES				FORM): 06/15/2007 APPROVED): 0938-0391
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W 252	Continued From pa	ge 20	w:	252			i
	2007 at approximate data collection was that the staff had no	ard date/time." On June 8, tely 7;15PM, the review of the completed and refected that old documented in accordance is. The data collected was ows:		 			
	behaviors had occu	Staff documented that ired however, staff under "what was happening"					
!	behaviors had occu	Staff documented that ared however, staff ander "what was happening of					
	béhaviors had occu	Staff documented that red however, staff under "solution/ response"					
	behaviors had occu	taif documented that red however, staff under "solution/ response"					
 	f) May 1-8, 2007- S behaviors had occu documented "none"			i			
! : !	g) May 14, 2007- S behaviors had occur documented "none"			Ì			
 	Retardation Profess 2007, it was acknow implementing the pr	the Qualified Mental ior al (QMRP)on June 7, viewged that the staff were ogram as written but that in with the documentation.					

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			FORM OMB NO	: 06/15/2007 APPROVED 0938-0391
TATEMENT	OF DEFICIENCIES F CORRECTION	3 MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (IDENTIFICATION NUMBER)	(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE S COMPL	
ND PLANT	OGINIZATION	09 G 149	B. WING		06/0	8/2007
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W 252	collected in accorda	er ce that the data had been ance with the BSP for Client essary for a functional	W 2	,		
W 322	483.460(a)(3) PHY	SICIAN SERVICES ovide or obtain preventive and	W 3:	22		
	Based on observat	is not met as evidenced by: ion, staff interview, and record alled to provide preventive and o of two clients in the sample.)				
	Client #2 who is on	o order laboratory studies for anti-convulsant medications gement medication,	 - - -		•	
	administration on J 7:35AM, revealed to Phenobarbital 30 m Dilantin 200 mg two with the nursing state approximately 7:45 was administered to for seizure manage Medication Adminity June 7, 2007 at apthat the client was mg by mouth in the mouth in the PM at	ne morning medication lune 7, 2007 at approximately that Client #2 receiveding by mouth in the AM and lice a day by mouth. Interview affich June 7, 2007 at AM revealed that Client #2 the anti-convulsant medications ement. Review of the stration Records (MARs) on proximately 10:15AM revealed prescribed Phenobarbital 30 at AM, Phenobarbital 60 mg by and Dilantin 200 mg twice a day re management. Review of the		1. Sample # 2 completed labor 6/15/07. A copy of results has review.	ratory studies or s been attached f	6/15/07

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SU COMPLET	
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W 322	physicians orders of 2007 at approximal medications were promanagement. The evidence that labor monitor the client's	ege 22 diated June 1, 2007 on June 7, tely 10:45 AM revealed that the prescribed for seizure are was no documented retory studies were ordered to anti-convulsant medications.	W 322	2. A copy of Sample # 2 PMOF h		6/8/07
	administration on J 7:40AM, revealed to Glucophage 500 m Interview with the reapproximately 7:50 was administered to management and to performed in the A Review of an endo 7, 2006 on June 8, revealed a recommensometimes in AM and of the physicians of June 7, 2007 at apout that the medication management. The	time 7, 2007 at approximately that Client #2 received by the twice a day by mouth. The transing staff on June 7, 2007 at the medication for glucose that finger sticks were M and PM on alternate days. The consult dated December 2007 at approximately 4:12PM mendation to vary fingersticks and sometimes in PM. Review orders dated June 1, 2007 on proximately 10:55 AM revealed as were prescribed for glucose are was no documented ar sticks were ordered to		attached which reflects the order for review.	r finger stick	
	3. The facility failed that was recomme Pathologist as evid	to order the diet for Client #2 nded by the Speech/Lanuage lericed by:		3. a copy of Sample # 2 diet order recommendation by the Speech Pat been attached for your review.	reflecting hologist has	6/26/07
	approximately 7:40 was eating soft scr flakes cereal softer and water in the approximately 7:4	tion on June 7, 2007 at AM revealed that Client #2 cambled eggs, muffin and oat med with 1% milk, apple juice opropriate amounts. Interview e staff on June 7, 2007 at 5AM revealed that Client #2 cal soft diet. Review of the				

STATEMENT	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	2007 on June 8, 20 revealed that Clien diabetic, low sodium Speech-Language 2007 on June 8, 20 revealed a recommediat with thin liquids evidence that a meliquids was ordered 3. The facility failed that was recommediated by: Breakfast observated approximately 7:05 was given physical spoon to eat a pure muffins oat flakes of scoop plate that was pice and water was pice and water was prescribed Lip mouth for hyperchold the Primary Care P1, 2007 on June 8, PM revealed that Could be provided a recommediated a	ician's orders dated June 1, 1007 at approximately 12:10 PM it #2 was on a 1500 calorie in diet. Review of the Evaluation dated April 14, 107 at approximately 1:00 PM is notation for a mechanical soft is for Client #2. There was no chanical soft diet with thin if for the client. It to order the diet for Client #1 assistance to hold a built-up red diet of scrambled eggs, cereal with 1% milk from a as on an elevated tray. Apple is served from a spout cup, any Care Physician's orders on June 8, 2007 at PVI revealed that Client #2 ito: 10 mg every evening by obestrolemia. Further review of thysician's orders dated June 2007 at approximately 1:12 Client #1 was on a pureed diet ac is between meals. Review is sessment dated June 27, 107 at approximately 1:15 PM itendation to add low ict order. There was no cholesterol diet was ordered	W 32	4. A copy of Sample # 1 PMOF, an order for low cholesterol diet attached for review		6/8/07

PRINTED: 06/15/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO, 0938-0391 CENTERS FOR MEDICARE, & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETED A BUILDING B. WING 09G149 06/08/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE MHOL TO WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ΙĐ (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAĞ DEFICIENCY) W 331 Continued From page 24 W 331 The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on staff interview and record review the facility failed to ensure nursing services in accordance with the needs of two of two clients in the sample. (Client #1 and Client #2) The findings include 1. The facility's nursing services failed to ensure 6/7/07 1. A copy of Sample # 1 updated Health that Client #1 had an updated Health Management Care Plan (HMCP) has been Management Care Plan (HMCP) evidenced by: attached for review. Review of a HMCP dated March 20, 2006 on June 8, 2007 at approximately 3:30PM revealed that it had not been updated or revised to reflect the client's current weight loss due to unknown etiology. Interview with the QMRP on June 8, 2007 at approximatel / 3:35 PM revealed that the Director of Nursing had updated the HMCP but that the HCMP was not in the facility. Review of nutritionist and GI cor sults dated June 6, 2007 on June 8, 2007 at approximately 3:40 PM revealed that the client had experienced a nine pound decline in weight due to unknown orgin. There was no evidence that Client # 1's HCMP was updated or revised. 2. A copy of Sample # 1 dermatology 2. The facility's nursing services failed to ensure 6/20/07 consultation has been attached for review i that Client #1's derma:ology appointment was

conducted timely as evidenced by:

Review of an dermatology consult dated October 23, 2006 on June 8, 2007 at approximately 3:00 PM revealed a recommendation for Client # 1 to return to the dermatology clinic in two months. In

A CIT!	MENT OF HEALTH	AND HUMAN SERVICES			FORM OMB NO.	06/15/2007 APPROVED 0938-0391	
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W 331	acknowledged that dermatology clinic evidence that Clie dermatology clinic recommended. 3. The facility's nuclear #2's endocronducted timely Review of an end 7, 2006 on June 8 revealed that Clie appointment on Feromatorial office was House Manager approximately 4; appointment was 2007. Review of 2007 at approximetries with the 2007 at approximendocrine appointment appointment.	the House Manager of June 6, at ly 3:02 PM it was to Client # 1 did not return to the Lin two months. There was no int # 1 was returned to the Lin two months as a services failed to ensure the appointment was as evidenced by: ochine consult dated December 3, 2:007 at approximately 4:10PM ent # 2 had an endocrine ehruary 5, 2007, however the as closed. Interview with the on June 8, 2007 at 15PM revealed that the are-scheduled for March 27, the medical record on June 8, nately 4:16PM revealed no inductine exam. Further a House Manager on June 8, nately 4:18PM revealed that an intrant was scheduled for June was no evidence that the intrant was obtained in a timely murs no services failed to ensure	W 33	It is the policy of St. John's Com to complete all medical appointmanner. In the future, all medical appoint completed in a timely manner.	ments will be	6/25/07	
	Review of an en 7, 2006 on June revealed that Ci	atory studies were conduted ced by: doc ine consult dated December 8, 2007 at approximately 4:10PM ient # 2 had an endocrine February 5, 2007, Further review mer dations for Client #2 to have	`				

MENT OF HEALTH	AND HUMAN SERVICES			FOR	M APPRO O. 0938-	2007 IVED 0391
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that the laboratory	re was no evidence that the		l	•	ļ	
June 9, 2007. The	tory studies was obtained in a		ì		Ì	
timely manner.			į		i ~ 12 1	- 10-
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5. The facility's nu	rsing services failed to ensure		Ì	Services to complete all medical consultation	ns alv	
Client #2's ENT at	opointment was conducted				eıy	
timely as evidence	ed by:	i I	1	manner.	Į.	
2006 on June 8, 2 revealed a recommend an ENT appointm interview with the approximately 2:0 was schulded on evidence that Clie	mendation for Client # 2 to have ent for cerumen removel. In an LPN on June 8, 2007 at 5 FM that the ENT appointment June 15, 2006. There was no ent if 2 was scheduled for an					
- i Client #2's CT Sc	an of the prain was conducted			Services to complete all medical consultations of individuals as recommended in a time manner.	ons iely	
2006 on June 8, 2 revealed a recomma CT Scan of the Primary Care Phydated October 28 approximately 2: neoplasm will scheme with contrast."	200" at approximately 2.10FM imendation for Client # 2 to have head with contrast. Review of a ysician (PCP) progress note 8, 2006 on June 8, 2007 at 12 PM indicated "can not rule out ned le for CT Scan of the brain Review of a radiology report	1		In the future all recommendations for mediconsultations will be completed in a timely manner.	cal	
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR I Continued From pa a HbAIG, fasting lighterview with the laperformed. Further June 8, 2007 at a part of the laboratory June 9, 2007. The endrocrine laboratimely manner. 5. The facility's nure client #2's ENT and timely as evidenced a recommen laboratimely as evidenced as schulded on evidence that Client #2's CT Schumely as evidence that Client #2's CT Schumely as evidence that Client #2's CT Schumely as evidenced as evidenced that Client #2's CT Schumely as evidenced that Client #	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 a HbAIG, fasting lipids and urine HIb/CR. Interview with the Licensed Practical Nurse (LPN) on June 8, 2007 at approximately 4:19 PM revealed that the laboratory studies had not been performed. Further interview with the LPN on June 8, 2007 at approximately 4:20PM revealed that the laboratory studies was scheduled for June 9, 2007. There was no evidence that the endrocrine laboratory studies was obtained in a timely manner. 5. The facility's nursing services failed to ensure Client #2's ENT appointment was conducted timely as evidenced by: Review of an audiology consult dated August 25, 2006 on June 8, 2007 at approximately 2:00PM revealed a recommendation for Client #2 to have an ENT appointment for cerumen removel. In an interview with the LPN on June 8, 2007 at approximately 2:05 FM that the ENT appointment was schulded on June 15, 2006. There was no evidence that Client if 2 was scheduled for an ENT in a timely manner. 6. The facility's nursing services failed to ensure Client #2's CT Scan of the brain was conducted timely as evidenced by. Review of a neurology consult dated June 27, 2006 on June 8, 200" at approximately 2:10PM revealed a recommendation for Client #2 to have a CT Scan of the head with contrast. Review of a Primary Care Physician (PCP) progress note	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 a HbAIG, fasting lipids and urine Hlb/CR. Interview with the Licensed Practical Nurse (LPN) on June 8, 2007 at approximately 4:19 PM revealed that the laboratory studies had not been performed. Further interview with the LPN on June 8, 2007 at approximately 4:20PM revealed that the laboratory studies was scheduled for June 9, 2007. There was no evidence that the endrocrine laboratory studies was obtained in a timely manner. 5. The facility's nursing services failed to ensure Client #2's ENT appointment was conducted timely as evidenced by. 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Review of a Primary Care Physician (PCP) progress note dated October 28, 2006 on June 8, 2007 at approximately 2:12 PM indicated "can not rule out neoplasm will schedule for CT Scan of the brain with contrast "Review of a radiology report	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 a HbAIG, fasting lipids and urine Hlb/CR. Interview with the Licensed Practical Nurse (LPN) on June 8, 2007 at approximately 4:19 PM revealed that the laboratory studies had not been performed. Further interview with the LPN on June 9, 2007 at approximately 4:20PM revealed that the laboratory studies was obtained in a timely manner. 5. 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Review of a Primary Care Physician (PCP) progress note dated October 28, 2006 on June 8, 2007 at approximately 2:12 PM indicated "can not rule out neoplasm will schedule for CT Scan of the brain with contrast " Review of a radiology report	A BUILDING BY ORDER OF SUPPLIER CONTINUED FOR SUPPLIER SUMMARY STATEMENT OF DEPOISINGIES (EACH OFFICIENCY) SUMMARY STATEMENT OF DEPOISINGIES (EACH OFFICIENCY WIST EPPRECISED BY FULL REGULATORY OR LS: DEPHIFYING INFORMATION) CONTINUED From page 26 a HbAIG, fasting lipids and urine Hb/CR Interview with the Licensed Practical Nurse (LPN) on June 8, 2007 at approximately 4:19 PM revealed that the laboratory studies had not been performed. Further interview with the LPN on June 8, 2007 at approximately 4:20PM revealed that the laboratory studies was obtained in a timely manner. 5. 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Review of a rediology report dated February 22, 2007 or June 8, 2007 at approximately 2.12 PM indicated "can not rule out neoplasm will schedule for CT Scan of the brain with contrast." Review of a rediology report dated February 22, 2007 or June 8, 2007 at approximately 2.00 por June 8, 2007 at app	Review of an audiology consult dated August 25, 2006 on June 8, 2007 at approximately 2.00PM revealed a recommendation for Client #2 to have an ENT appointment for carumen removel. In an Interview with the LEN an June 8, 2007 at approximately 2.00PM revealed are recommendation for Client #2 to have a CRI Scan of the brain was schulded on June 19, 2007 at approximately 2.00PM revealed are recommendation for Client #2 to have a CRI Scan of the brain was conducted timely as evidenced by. Review of a neurology consult dated August 25, 2006 on June 8, 2007 at approximately 4.19 PM revealed and commendation for Client #2 to have an ENT appointment for carumen removel. In an Interview with the LEN and June 8, 2007 at approximately 2.00PM revealed and commendation for Client #2 to have an ENT appointment for carumen removel. In an Interview with the LEN and June 8, 2007 at approximately 2.00PM revealed are recommended in Client #2 to have an ENT appointment for carumen removel. In an Interview with the LEN and June 8, 2007 at approximately 2.00PM revealed are recommended in Client #2 to have an ENT appointment for carumen removel. In the facility's nursing services failed to ensure Client #2 to TS can of the brain was conducted timely as evidenced by. Review of a neurology consult dated August 25, 2006 on June 8, 2007 at approximately 2.10PM revealed are recommended in Client #2 to have a CT Scan of the brain was conducted timely as evidenced by. 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DEPART	MENT OF HEALTH	AND HUMAN SERVICES				FORM A	06/15/2007 APPROVED 0938-0391
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TATEMENT	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING			,
		09G1 4 9	B WIT			06/08	3/2007
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ST JOHN				L. <u>~</u>	BROWINER'S PLAN OF CORRECT	TION	(X5)
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 W 331	Continued From pa	nge 27	w	331			
	approximately 2:14 mass that is presult demonstrates interent enhancement. Reconsultation". Interest Retardation Profess Client#2's sister we the CT Scan of the Client #2's sister is was no evidence the for a CT Scan of the manner. 483.470(i)(1) EVACT The facility must have quarterly for each This STANDARD Resed on staff interest.	PM indicated "right frontal med to be extra-axial and is a homogeneous or mmend neurosurgery of ew with the Qualified Mental sional (QMRP) revealed that ould not sign the consent for into the legal quardian. There not her legal quardian. There he brain with contrast in a timely CUATION DRILLS		440			
	The finding include	⊋ \$∶					
	Interview with the Professional (QMI	Qualified Mental Retardation RP) on June 7, 2007 at 3PM revealed that the staff					
	 Weekday Shifts a	re as follows:		İ			
	Day shift: 7:00 AN Evening shift: 3:00 Night shift: 12:00) P VI to 12:00 AM	:	;	,		1
	. from June 8, 2006	ilat le fire drill records dated 5, tc May 31, 2007 at 8PIA revealed that fire drills		i			

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES			PRINTED: FORM A OMB NO.	APPROVED
CENTER	S FOR MEDICARE	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SU COMPLET	
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NHOL TE				WASHINGTON, DC 20018 PROVIDER'S PLAN OF COR	PECTION	(XS)
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- W 440	Continued From pa	ge 28	W 44	٥١	!	
	were not conducted first, second and the revealed that fire devening and night of the two personnel conducted quarterly. 483.470(i)(1) EVACT The facility must have conditions. This STANDARD Resert on staff into	If on the day shift during the aird quarters. Further review trills were not conducted on the shifts during the fourth quarter. Ence that every shift of end an evacuation drill at least all evacuation drills under in not met as evidenced by:	W 44	It is the Policy of St. John's Com Services to conduct its fire drill to conditions. In the future all fire drills will be conditions.	under varying	6/20/07
W 460	Based on staff into the facility failed to varied conditions. The finding include On June 7, 2007 a of fire drill records Mental Retardation revealed that durin practiced exiting the facility. Most fire of front and back exiting evidence that equinder varied conducted 483,480(a)(1) FOR SERVICES Each client must rewell-balanced diet specially-prescribe	thold evacuation drills under thold evacuation drills under and interview with the Qualified in Professional (QMRP) ag the past year, staff had not brough all three egresess of the list were conducted via the list on the first floor. There was evacuation drills were being held litions. DEI AND NUTRITION ecsive a nourishing, including modified and		The Fire Drill Scheduled for the revised to include the day shift on the new schedule.	e home has been and staff trained	